

Name in Full

Certificate of Death

*Lettie Buxwe*  
Town *California* County *St Marys* MARYLAND  
Died at  
Date 19 *03* Month *11* Day *16* Age *95* Y. M. D. *St Marys* Native of Occupation *midwife*  
☒ Male ☐ Female ☐ Whites ☐ Colored ☒ Married ☐ Single ☐ Widow ☒ Divorced  
Number of children living *2*  
Husband of \_\_\_\_\_  
Wife \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Cause of Death { Primary *Pneumonia* Immediate *not in attendance* How long sick *9 2 months*  
*91*  
~~Accident, Suicide, Homicide~~  
Reported by *A. W. Shorman* *George Fenwick*  
Address *California* *md*

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *James J. Smith*  
 Town *Terranville* County *St. Mary's* MARYLAND  
 Died at *Terranville*  
 Date *1903* Month *Nov* Day *8* Y. *76* M. *8* D. *St. Mary's* Native of *St. Mary's* Occupation *Servant*  
 Male *White* Married *Widow* ~~Divorced~~  
~~Female~~ *Colored* ~~Single~~ *Widower* Number of children living *8*  
 Husband of *Louise J. Smith*  
 Wife  
 Father's Name  
 Mother's Name *154*

Cause of Death { Primary  
 Immediate *Complications of Age*  
 Reported by *Henry Richardson*  
 Address *Great Mills Md.*  
 How long sick *Three weeks*  
 Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

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*Susan M. Harding*  
 Died at *Same place* Town, *St. Mary's* County, **MARYLAND**

Date *1903* *Nov.* *5* Month Day Y. M. D. Age *2* *9* *4*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of *106*  
 Wife

Father's Name *Thomas T. Harding* Mother's Name *Frances V. Harding*

Cause of Primary *Enteric - Colitis* How long sick *3 Weeks*

Death Immediate *Meningitis* Accident, Suicide, Homicide

Reported by *L. B. Johnson*

Address *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Love Johnson  
 Town Bernardtown County St Mary's  
 Died at MARYLAND

Date 1913 Month 11 Day 8 Age 3 Y. M. D. Native of Md Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of  
 Wife

Father's Name Peter Johnson Maiden Name Miss Love

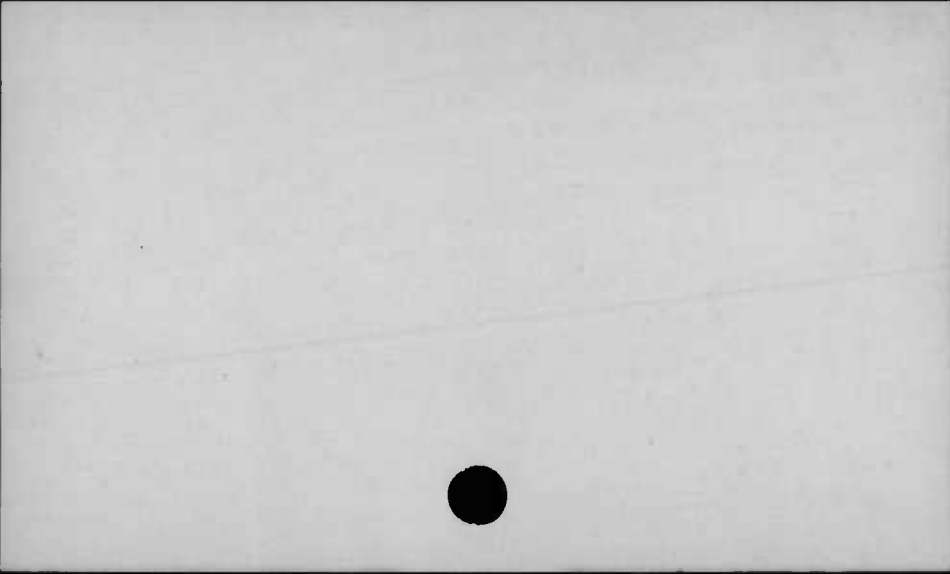
Cause of Death { Primary Burn How long sick 9 hours.  
 Immediate Accident, Suicide, Homicide

Reported by

Address

J. V. King  
 Coakville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Edward. A. Mathews

Town

County

MARYLAND

Died at

Haley md

St. Mary's

Date 1908.

Month

Day

Y.

M.

D.

Native of

Occupation

Nov

18

Age

78

md

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living 2

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cotarrh

Death

Immediate

Stroke

How long sick

27 years

Accident, Suicide, Homicide

Reported by

J. O. King

Address

Cockville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



### Certificate of Death

Died at Choptic <sup>Town</sup> - St Marys <sup>County</sup> -

MARYLAND

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of *Catherine N.* 19

Father's Name	Mother's Maiden Name

Cause of	Primary	Cardiac Asthma &	How long sick	8 months
Death	Immediate	Bronchitis	Accident, Suicide, Homicide	

Reported by R. B. Lusk

Address Mary Ann -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jas. Thos. Pitkenton  
 Town County St. Mary's MARYLAND  
 California  
 Nov. 21<sup>st</sup> 1903. Age 67 Y. M. D. Native of Md. Occupation Farmer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living one  
 of Catherine Pitkenton  
 Father's Mother's  
 Name Maiden Name 44  
 Cause of Primary Cancer of face  
 Death Immediate Convulsion  
 How long sick one year  
 Accident, Suicide, Homicide  
 Reported by Lewis T. Clarke & Bro.  
 Address Great Mills St. Mary's Co. Md.



Name

in  
Full

## CERTIFICATE OF DEATH

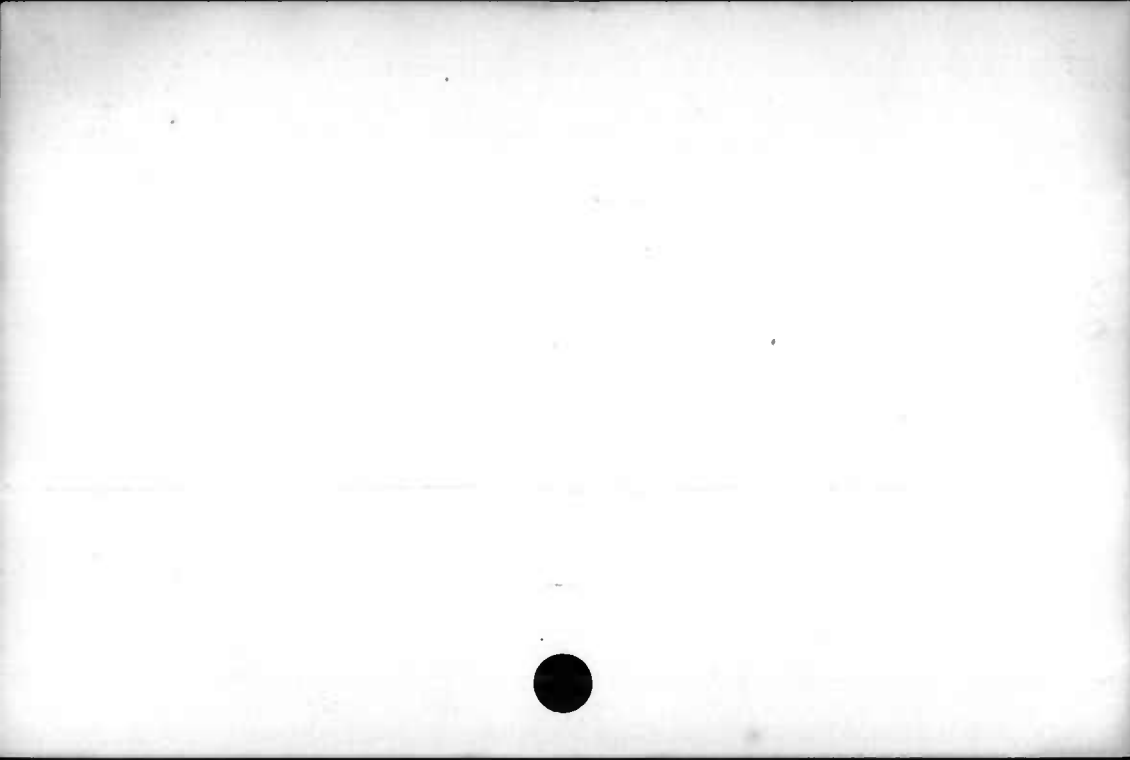
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Month	thirtieth	Day	23	Year
Sex		Male		Color or Race		Colored	
Married, Single or Widowed		Single		Occupation		None - Imbecile	
Name of Wife or Husband							
Father's Name		Moses Queen				Father's Birthplace	
Mother's Maiden Name		Joanna Yates				Mother's Birthplace	
Name of person living in formation		Moses Queen				How related to deceased	
						St. Mary's Co.	
						Chas. Co.	
						Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typho. malarial	How long	3 weeks
Immediate	Epilepsy	How long	20 yrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. R. J. Reeves M. D.	
Address		Whabtieo B. D.	
Accident or Suicide?		St. Mary's Co. Maryland	





Name in Full

Certificate of Death

Frank Stuart

Died at Chopton

Town

St Marys

County

MARYLAND

Date 1903 Nov. 4 Y. M. D. Age 50

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Brights disease

How long sick

2 3/4 mo

Death

Immediate

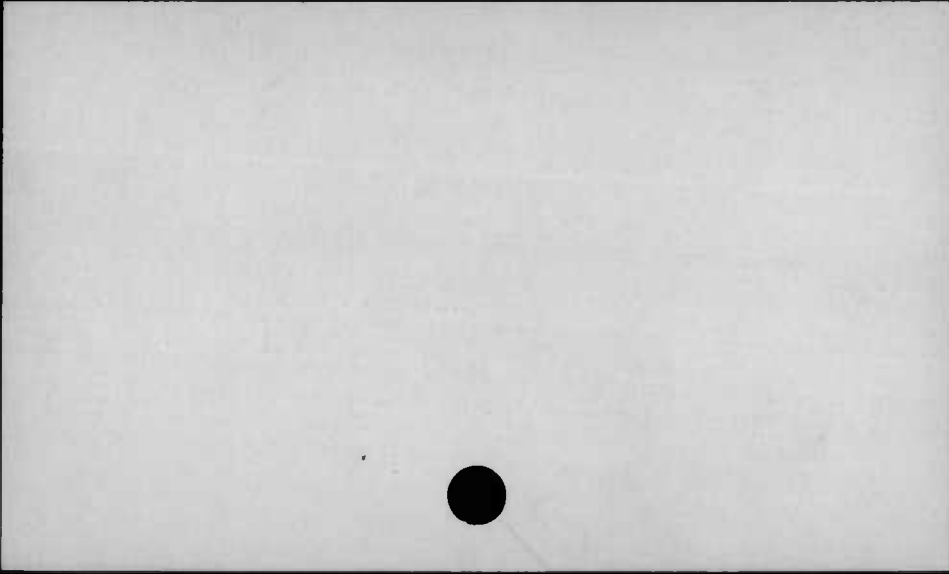
Accident, Suicide, Homicide

Reported by

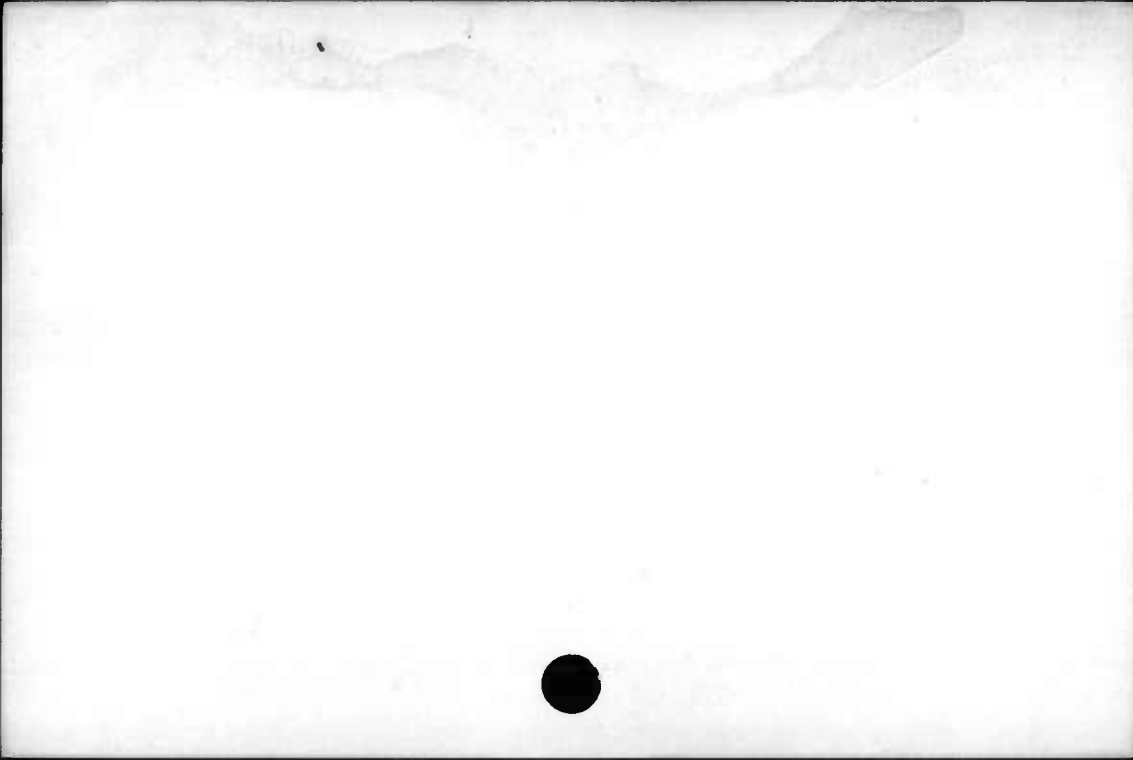
R. B. Johnson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Violet Venia Young				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>allts</i> Town		County <i>St Mary S</i>		MARYLAND		
		Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>30</i>	Age <i>22</i>	Years <i>22</i>	Months <i>8</i>	Days <i>—</i>
		Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>ind</i>			
		Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>				
		Name of Wife or Husband <i>James Young</i>						
Father's Name <i>Thomas Carter</i>		Father's Birthplace <i>ind</i>						
Mother's Maiden Name <i>Mary Wilson</i>		Mother's Birthplace <i>ind</i>						
Name of person giving in formation <i>Eugene Carter</i>		How related to deceased <i>Brother</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Paralysis</i>				How long <i>18 hours</i>		
		Immediate <i>due to cerebral hemorrhage</i>				How long		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Roll V. Palmer</i>		
						Address <i>Palmer</i>		
		Accident or Suicide?				<i>ind</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>at</i> <i>Palmer</i>		Town <i>Palmer</i>		County <i>St. Mary's</i>		State <i>MARYLAND</i>	
Date of death 190 <i>3</i>	Month <i>-</i>	Day <i>-</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>-</i>			
Married, Single or Widowed <i>-</i>				Occupation <i>-</i>			
Name of Wife or Husband <i>-</i>							
Father's Name <i>-</i>				Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>-</i>				Mother's Birthplace <i>-</i>			
Name of person giving information <i>Jury</i>				How related to deceased <i>-</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long <i>-</i>
Immediate <i>Supposed drowning</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. V. C. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide? <i>no</i>	

